

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90045 035 \*\*\*\*70.00

**DOCUMENT # N43327**

1. Entity Name  
**CLEOPATRA J. STEELE MINISTRIES, INC.**



Principal Place of Business  
**127 ESCAMBIA ST  
LAKE CITY, FL 32055 US**

Mailing Address  
**P.O. BOX 2862  
C/O J. STEELE  
LAKE CITY, FL 32055 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3101419**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEELE, CLEOPATRA J.  
224 SE COUNTRY CLUB ROAD  
LAKE CITY, FL 32025**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WALKER, LUVISA  
610 NW EARLY ST  
LAKE CITY, FL 32055 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Steele, Cleopatra J.  
224 SE Country Club Rd  
Lake City, FL 32025 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEELE, MITCHELL D  
P.O. BOX 3281  
LAKE CITY, FL 32056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Hayes, Wayne  
223 SE Lillian Loop, #103  
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SHEPPARD, MAVIS  
1252 NW YUKON GLN  
LAKE CITY, FL 32055 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Hayes, Betty  
223 SE Lillian Loop, #103  
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FIELDS, FANNIE  
RT 13 BOX 919-66  
LAKE CITY, FL 32055 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Fields, Fannie  
323 SW Royal Ct.  
Lake City, FL 32024 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MARTIN, CLEOPATRA J.  
224 SE COUNTRY CLUB ROAD  
LAKE CITY, FL 32025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Highland, William  
1823 SW Judy  
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Holsey, Marjorie  
315 NE Nink Pl.  
Lake City, FL 32055 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cleopatra J. Steele*

*Mar 30, 2006*

*352-213-2025*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
20024766

Document #N43327. List of officers/directors continued.

D

Watford, Ernie  
3744 282<sup>nd</sup> Terrace  
Branford, FL 32008

D

White, Charles  
2912 NE 19<sup>th</sup> St.  
Gainesville, FL 32627